

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021305

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1493

STATE FILE NUMBER

FILED MAY 28 1962

## 1. PLACE OF DEATH

a. COUNTY **St. Louis**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Clayton**Length of stay in 1b  
**DOA**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Louis Co. Hosp.**Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY **St. Louis**c. CITY OR TOWN **Olivette**Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
**1139 Brightling Dr.**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First **Louis**

Middle

Last **Feser**

4. DATE OF DEATH

Month **5** Day **15** Year **62**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
**1-6-87**9. AGE (last birthday)  
**75 Yrs.**IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Steamfitter**10b. KIND OF BUSINESS OR INDUSTRY  
**Retired**11. BIRTHPLACE (City and state or country)  
**Tettang, Germany**

12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

**Johan Feser**

## 13b. MOTHER'S MAIDEN NAME

**Wilhelmine Bruggbacher**

## 14. NAME OF HUSBAND OR WIFE

**Erna C. Blittersdorf Feser**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)**No****None**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

**Louis A. Feser 13550 Halls Ferry Rd.**

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Hanging**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☒ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

**Hanging, self inflicted**20c. TIME OF INJURY  
**3:10 p.m. 5/15/62**20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**basement of home**20f. CITY, TOWN, OR LOCATION  
**Olivette**

COUNTY

**St. Louis**

STATE

**Missouri**

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

**Raymond H. Hurd** Coroner**Clayton, Missouri****5/21/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE  
**5-18-62**23c. NAME OF CEMETERY OR CREMATORY  
**Memorial Park Cemetery**23d. LOCATION (City, town, or county) (State)  
**St. Louis County Missouri**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**White-Mullen 118 N. Florissant Rd. Ferg.****5-17-62****John C. Murphy M.D.**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.